

Work Order ID 97481

97481

AOG

Page 1

Item ID: D3684-047

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Item Name: FWD LEG ASS'Y

Stop *NS2*

Start Date: 2/21/2013 Start Qty: 2.00

2

Cust Item ID:

Required Date: 2/28/2013 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan: *MUF* Date: 13-2-20

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D3684

E

100

Pick Kit

0.00

100

Packaging

Memo

0.00

Packaging

FF
2 ϕ 13-03-20

110

Small Fab

0.00

110

Small Fab

Memo

0.00

Small Fab

1-Use anti-seize compound Tectly 502c Class 1, Mil-PRF-16173E or equivalent on thread and assemble as per dwg D3684

2-Assemble as per Dwg D3684

FF
2 ϕ 13-03-20

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

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N900040100Setup Start ***NS1***

Revision ID:

Item Name: FWD LEG ASS'Y

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Start Date: 2/21/2013 Start Qty: 2.00

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Cust Item ID:

Required Date: 2/28/2013 Req'd Qty: 2.00

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC5- Inspect part completeness to step on W/O

0.00

120

QC

Memo

0.00

Quality Control

130

Identify as per dwg & Stock Location: CA

0.00

130

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

13/3/20
MF
13-3-20

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Equip/Tooling									
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Picklist Print

Wednesday, February 20, 2013 3:26:54 P

Page 1

Work Order ID: 97481

Parent Item: D3684-047

Parent Item Name: FWD LEG ASS'Y

Start Date: 2/21/2013

Required Date: 2/28/2013

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A new issue 08-02-12 DD verified by:JLM
 IPP Rev:B As per Rev B 09-01-07 JLM Verified By:EC
 03-16 JLM VERIFIED BY:EC
 IPP Rev:C Added sealant note as per Rev C 09-01-20 JLM Verified
 By:DD
 DD VERF:JLM
 IPP REV:C AS PER REV D 10-
 IPP REV:D 13.01.24 PER ECN12-693

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3688-1 Stud		Manufactured	No	97831		110	Each	0.0000	1	2		FF 13-03-20	
D3689-1 SLEEVE		Manufactured	No			110	Each	26.0000	1	2		FF 13-03-20	
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				FG		2				2			
				83358		2							
				GA		24							
				72117		1							
				80362		2							
				83358		6							
				88239		8							
				89987		7							
D3691-041 Stud Assembly		Manufactured	No	98365		110	Each	0.0000	1	2		FF 13-03-20	
NAS509L12C Nuts		Purchased	No			110	Each	49.0000	1	2		FF 13-03-20	
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				ST276		49				2			
				121349		40							
				121652		9							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

Wednesday, February 20, 2013 3:26:54 P

Page 2

Work Order ID: 97481

Parent Item: D3684-047

Parent Item Name: FWD LEG ASS'Y

Start Date: 2/21/2013

Required Date: 2/28/2013

Start Qty: 2.00

Required Qty: 2.00

NAS509-12C

Purchased

No

110

Each

103.0000

1

2

Nuts

FF 13-03-20

Location

Loc Qty

Loc Code

ST277

103

121162

20

2

121274

25

121556

8

121827

50

Wednesday, February 20, 2013 3:26:54 PM

Shop Packet Print

Page 2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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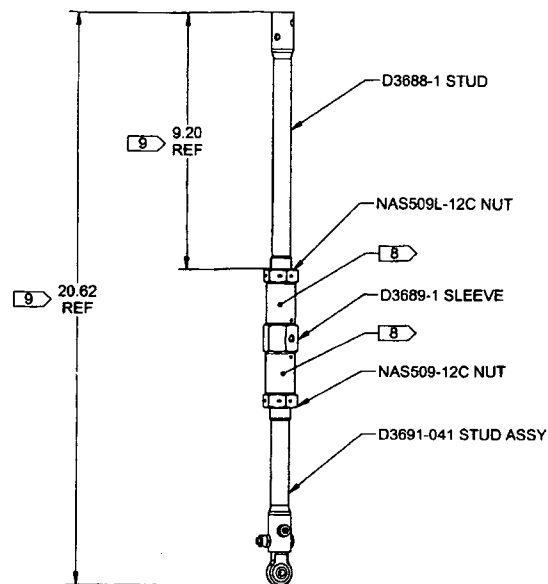
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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ITEM	QTY -047	PART NUMBER	DESCRIPTION
1	X	D3684-047	FWD LEG ASSEMBLY
2	1	D3688-1	STUD
3	1	D3689-1	SLEEVE
4	1	D3691-041	STUD ASSY
5	1	NAS509L-12C	NUT
6	1	NAS509-12C	NUT

△



D3684-047 FWD LEG ASSEMBLY

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 3.08 lbs
- 8) USE TECTYL 502C CLASS I, MIL-PRF-16173E GRADE 2 OR EQUIVALENT ANTI-SEIZE COMPOUND ON THREAD
- 9) DIMENSION SHOWN IS WHEN D3688-1 & D3691-041 STUDS ARE FULLY THREADED INTO D3689-1 SLEEVE

△

DESIGN	RF	DART AEROSPACE LTD	
DRAWN	DB	HAWKESBURY, ONTARIO, CANADA	
CHECKED	MB	DRAWING NO.	REV. E
MFG. APPR.	JLM	D3684	SHEET 4 OF 5
APPROVED	AND	TITLE	SCALE
DE APPR.		TRIPOD MOUNT ASSY	NTS
DATE	12.12.05	<small>COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

RELEASED
2013-01-22

97481

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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